

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90124 047 ***158.75

DOCUMENT # P00000024295

1. Entity Name
MADUX, INC.



Principal Place of Business
17481 DEVORE LN
FORT MYERS FL 33913

Changed
↓

Mailing Address
17481 DEVORE LN
FORT MYERS FL 33913

Changed
↓

2. Principal Place of Business
16880 Gator Rd
Suite, Apt. #, etc.

201 F Box 9

City & State
Ft. Myers, FL

Zip
33912

Country
Lee

3. Mailing Address

16880 Gator Rd

Suite, Apt. #, etc.

201 F Box 9

City & State
Ft. Myers, FL

Zip
33912

Country
Lee



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0984909

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MICHAEL ADAMS, DEREK
17481 DEVOR LN.
FT. MYERS FL 33913

Address Change

7. Name and Address of New Registered Agent

Name *Adams, Derek Michael*

Street Address (P.O. Box Number is Not Acceptable)
16880 Gator Rd Suite 201 F Box 9

City *Ft. Myers,* FL Zip Code *33912*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *9 Jan 03*

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ADAMS, DEREK MICHAEL	
STREET ADDRESS	17481 DEVOR LN.	
CITY-ST-ZIP	FT. MYERS FL 33913	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LATHER, BILLY SHELTON	
STREET ADDRESS	2281 CRYSTAL DR.	
CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOLLINEAUX, LARRY	
STREET ADDRESS	3917 4TH ST W.	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, KAREN J	
STREET ADDRESS	17481 DEVORE LN	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adams, Derek Michael	
STREET ADDRESS	16880 Gator Rd Suite 201 F Box 9	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mollineaux, Larry	
STREET ADDRESS	3917 4th St. W	
CITY-ST-ZIP	Lehigh Acres, FL 33971	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *9 Jan 03 (239) 590-9640*
Daytime Phone #

CR2E034 (10/02)